

# 2.5.4

**Obstetrics and Gynecology Department**  
**Midcourse Improvement**  
**Retest & Answer-sheets**

2.5.4

MIDCOURSE  
IMPROVEMENT

2.5.4



**Dr. Vasant Rao Pawar Medical College, Hospital & Research Centre, Adgaon, Nashik - 03.**

**Department of Obstetrics & Gynaecology**

**2.5.4 MIDCOURSE IMPROVEMENT**

*The Institution has defined Policy Document to provide opportunities to students for midcourse improvement of performance through specific interventions*

**UG**

Year	Timely administration of CIE	On time assessment and feedback	Makeup assignments/tests	Remedial teaching/support
2015-16	Yes	Yes	6	6
2016-17	Yes	Yes	14	26
2017-18	Yes	Yes	14	22
2018-19	Yes	Yes	5	13
2019-20	Yes	Yes	Yes ( if yes how many) / No (If no failures )	Yes ( if yes how many) / No (If no failures )

**PG**

Year	Timely administration of CIE	On time assessment and feedback	Makeup assignments/tests	Remedial teaching/support
2015-16	Yes	Yes	NO	NO
2016-17	Yes	Yes	NO	NO
2017-18	Yes	Yes	NO	NO
2018-19	Yes	Yes	1	1
2019-20	Yes	Yes	Yes ( if yes how many) / No (If no failures )	Yes ( if yes how many) / No (If no failures )

Professor & HOD

Dept of Obst & Gyn

Seal

2.5.4 UN.

Winter  
16

MID COURSE (University Exam)



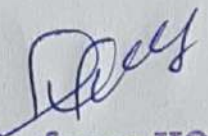
DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &  
RESEARCH CENTER VASANTDADA NAGAR, ADGAON NASHIK-422008  
**DEPARTMENT OF OBSTETRICS & GYNECOLOGY**

WINTER 2016 MUHS-29

Date: 25.03.2017

Remedial classes are arranged for following students

Sr. No	NAME OF THE STUDENT
1	Annu Malik
2	Bhagat Dhammadeep Balu
3	BHUPINDER
4	BOBADE SNEHA BALAJI
5	GAIKWAD PRASHANT BHASKAR
6	GAIKWAD SURAJ ANAND
7	GAVALI AMIT ARJUN
8	GIRI GANESHRAO PANDHURANGA
9	KOTKARGAURAV RAVINDRA
10	MARAWAR NEHA RAGHUNATH
11	MAHTA JIGAR DHANANJIBHAI
12	NAMITA SAHU
13	PATEL UNNATI KANTIBHAI
14	PATIL SANKET PURUSHOTTAM
15	PATIL SUMIT MAHADEV
16	PAWAR RAJU SHANKARRAO
17	PILLEWAR VIVEK MAROTI
18	ROHIT KUMAR
19	SALVI PRIYAM RAJENDRAKUMAR
20	SAPNA
21	SASANE GAJANAN SURESH
22	SHOUBHIK PATRA
23	SIDDHIQUE MARIYA MPIZULLAM
24	SOLANKI NISHITKUMAR NARESHBHAI
25	THOMBARE REKHA SONAJI
26	VAIDYA PASUN ANIL

  
**Professor HOD**

Department of Obst. & Gynecology  
M.V.P'S, Dr.V.P. Medical College,  
Adgaon, Nashik.



**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &  
RESEARCH CENTER VASANTDADA NAGAR, ADGAON NASHIK-422003  
DEPARTMENT OF OBSTETRICS & GYNECOLOGY**

Winter-16

Scheduled of Remedial classes as follows

Date	TOPICS	Time	Teacher
01/03/2017	Improving writing skills	4pm-5pm	Dr.Kiran Patole
06/03/2017	Viva voce -gynaecology	4pm-5pm	Dr.Ajit Patil
09/03/2017	Viva voce -gynaecology	4pm-5pm	Dr.Nilima Gupte
13/03/2017	Specimen & Contraceptions	4pm-5pm	Dr.Kathaley
16/03/2017	Revision of obstetrics instruments	4pm-5pm	Dr.Abhijit Patil
20/03/2017	RETEST	4pm-5pm	Dr.Sandeep Sonawane

All student should attend the special classes sincerely.

Dr. Patole Kiran  
Professor & HOD  
Department of OBGY

**Professor HOD**  
Department of Obst. & Gynecology  
M.V.P'S, Dr.V.P.Medical College,  
Adgaon, Nashik.



DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &  
RESEARCH CENTER VASANTDADA NAGAR, ADGAON NASHIK-422003  
DEPARTMENT OF OBSTETRICS & GYNECOLOGY

Remedial classes attendance

Name of student	01/03/2017	06/03/2017	09/03/2017	13/03/2017	16/03/2017	20/03/2017
Annu Malik	P	P	A	P	A	P
Bhagat Dhammadeep Balu	P	P	P	P	P	A
BHUPINDER	A	A	P	P	P	P
BOBADE SNEHA BALAJI	P	P	P	A	A	P
GAIKWAD PRASHANT BHASKAR	P	P	P	P	A	P
GAIKWAD SURAJ KAND	P	A	P	P	A	P
GAVALI AMIT ARJUN	A	P	P	P	A	P
GIRI GANESHRAO PANDHURANGA	P	P	P	P	P	A
KOTKARGAURAV RAVINDRA	P	P	P	P	P	A
MARAWAR NEHA RAGHUNATH	P	P	P	A	A	A
MAHTA JIGAR DHANANJIBHAI	P	P	A	P	P	A
NAMITA SAHU	P	P	A	P	P	P
PATEL UNNATI KANTIBHAI	A	A	P	P	P	P
PATIL SANKET PURUSHOTTAM	P	P	P	P	P	P
PATIL SUMIT MAHADEV	P	P	A	P	P	A
SHIVARAJU SANKARRAO	A	P	P	P	A	A
PILLEWAR VIVEK MAROTI	P	P	P	P	P	P
ROHIT KUMAR	P	A		A	P	P
SALVI PRIYAM RAJENDRAKUMAR	P	P	P	P	P	P
SAPNA	P	P	P	P	P	P
SASANE GAJANAN SURESH	A	P	A	P	A	A
SHOUBHIK PATRA	P	A	P	P	A	P
SIDDIHQE MARIYA MPIZULLAM	P	P	P	A	P	A
SOLANKI NISHITKUMAR NARESHBHAI	P	P	P	P	A	A
THOMBARE REKHA SONAJI	A	P	P		P	A
VAIDYA PASUN ANIL	P	P	A	P	P	A

N.D.M.V.P.S. Medical College Adgaon, Nashik -3  
DEPARTMENT OF OBSTETRICS & GYNECOLOGY  
MUHS BATCH- WINTER 2016

REMEDIAL CLASSES

MCQ PRACTICE TEST

DATE: 20/3/17 NAME OF STUDENT:

SAMPLE PAPER

1. Chronic inversion of uterus is treated by
  - a) Vaginal Hysterectomy
  - b) Haultains operation
  - c) macdonalds operation
  - d) vaginal repositioning of uterus
2. Commonest cause of Breech presentation is
  - a) Prematurity
  - b) unknown
  - c) short cord
  - d) congenital anomalies of uterus
3. Asymptomatic bactiuria may lead to
  - a) posterm labour
  - b) Septicemia
  - c) Preterm labour
  - d) APH
4. Which of the following is used for screening of cancer cervix
  - a) USG pelvis
  - b) CEA level
  - c) Ca 125 level
  - d) PAP smear
5. Heavy menstrual bleeding occuring 21 days apart is called as
  - a) Polymenorrohoea
  - b) Polymetrorrhagia
  - c) Polymenorrhagia
  - d) Polymetropathia hemorrhagica
6. The corpus luteum functions up to what period of gestation ?
  - a) 6 weeks
  - b) 10-12 weeks
  - c) 20 weeks
  - d) up to 36 weeks
7. Total iron requirement during pregnancy is
  - a) 500mg
  - b) 700-800 mg
  - c) 1000mg
  - d) 1500mg
8. Alpha-fetoprotein level is raised in all of the following except
  - a) Multiple pregancy
  - b) Anencephaly
  - c) Renal anomalies
  - d) Down syndrome
9. Most commonest site of Metastasis of choriocarcinoma is
  - a) Lungs
  - b) Vagina
  - c) Brain
  - d) Liver
10. The Uterus develops from
  - a) Wolffian duct
  - b) Mullerian duct
  - c) Gartners duct
  - d) Metanephros



**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, NASHIK.**  
**MCQ ANSWER SHEET**

Name of Candidate : Annu malik  
 Name of Examination : MCQ Practice test  
 Class : Winter 16 Semester : -  
 Subject : OBGYN Paper : -  
 Date : 20/3/17

**ROLL NO.**

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QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓

A

B

C

D

QUESTION :→ 11 12 13 14 15 16 17 18 19 20

ANSWER :↓

A

B

C

D

QUESTION :→ 21 22 23 24 25 26 27 28 29 30

ANSWER :↓

A

B

C

D

TOTAL MARKS :-

7  
10

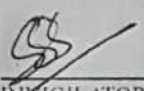
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QUESTION BOOKLET VERSION :


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This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.



CANDIDATE SIGNATURE      INVIGILATOR'S SIGNATURE

Date : / /

USE BLUE BALL POINT PEN ONLY... 

- INSTRUCTIONS**
- FILL THE BLOCKS  USING BLUE BALLPOINT PEN ONLY.
  - FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.
- Wrong       Correct
- 
- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
  - ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET.
  - USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

MCQ ANSWER SHEET

Name of Candidate : Bhupinder  
 Name of Examination : MCS Practitioner  
 Class : Winter 16 Semester : \_\_\_\_\_  
 Subject : Phy 7 Paper : \_\_\_\_\_  
 Date : 20/3/17

ROLL NO.  

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QUESTION :→ 1 2 3 4 5 6 7 8 9 10  
 ANSWER :↓  
 A            
 B            
 C            
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QUESTION :→ 11 12 13 14 15 16 17 18 19 20  
 ANSWER :↓  
 A            
 B            
 C            
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 INVIGILATOR'S SIGNATURE  
 Date : / /

QUESTION :→ 21 22 23 24 25 26 27 28 29 30  
 ANSWER :↓  
 A            
 B            
 C            
 D

USE BLUE BALL POINT PEN ONLY.... 

TOTAL MARKS :-

$\frac{8}{10}$

INSTRUCTIONS

- FILL THE BLOCKS  USING BLUE BALLPOINT PEN ONLY.
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Wrong  Correct

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**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, NASHIK.**

**MCQ ANSWER SHEET**

Name of Candidate : Gavals' Anant  
 Name of Examination : MCQ Poachikar  
 Class : Winters 16 Semester : \_\_\_\_\_  
 Subject : Phy Paper : \_\_\_\_\_  
 Date : 20/8/17

ROLL NO.  

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QUESTION :-> 1 2 3 4 5 6 7 8 9 10

ANSWER : ↓  
 A            
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 C            
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QUESTION :-> 11 12 13 14 15 16 17 18 19 20

ANSWER : ↓  
 A            
 B            
 C            
 D

QUESTION :-> 21 22 23 24 25 26 27 28 29 30

ANSWER : ↓  
 A            
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 C            
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TOTAL MARKS :-

6 / 10

ROLL NO. (In Words)  
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 CANDIDATE SIGNATURE  
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 SUPERVISOR'S SIGNATURE  
 Date: / /

USE BLUE BALL  
 POINT PEN ONLY... 

INSTRUCTIONS  
 1. FILL THE BLOCKS  USING BLUE BALLPOINT PEN ONLY.  
 2. FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.  

Wrong	Correct
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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 3. FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.  
 4. ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET.  
 5. USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

MCQ ANSWER SHEET

Name of Candidate : NAMITA SANU  
 Name of Examination MCQ Practice test  
 Class : Winter 16 Semester : \_\_\_\_\_  
 Subject : ORGY Paper : \_\_\_\_\_  
 Date : 20/01/17

ROLL NO.

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QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓

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B

C

D

QUESTION :→ 11 12 13 14 15 16 17 18 19 20

ANSWER :↓

A

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QUESTION :→ 21 22 23 24 25 26 27 28 29 30

ANSWER :↓

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TOTAL MARKS :-

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*SS*  
INVIGILATOR'S SIGNATURE

CANDIDATE SIGNATURE \_\_\_\_\_

Date: / /

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**INSTRUCTIONS**

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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
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MCQ ANSWER SHEET

Name of Candidate : Shoubhik Patra  
 Name of Examination : MCQ Practice test  
 Class : Winter 16 Semester :       
 Subject : OBGY Paper :       
 Date : 20/3/17

ROLL NO.  

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TOTAL MARKS :-

7/10


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CANDIDATE SIGNATURE \_\_\_\_\_  
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USE BLUE BALL POINT PEN ONLY.... 

**INSTRUCTIONS**

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Wrong

Correct

- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
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Name of Candidate : Salvi Priyam  
 Name of Examination : MCQ Practice test.  
 Class : Winter 2016 Semester : -  
 Subject : OBGy Paper : -  
 Date : 20/3/17

ROLL NO.  

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 ANSWER :↓  
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TOTAL MARKS :-


8/10

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 INVIGILATOR'S SIGNATURE:   
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MCQ ANSWER SHEET

Name of Candidate : Patil Sanket  
 Name of Examination : MCQ Practice test  
 Class : Winter 16 Semester : -  
 Subject : OBGY Paper : -  
 Date : 20/3/17

ROLL NO.

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9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓

A

B

C

D

QUESTION :→ 11 12 13 14 15 16 17 18 19 20

ANSWER :↓

A

B

C

D

QUESTION :→ 21 22 23 24 25 26 27 28 29 30

ANSWER :↓

A

B

C

D

TOTAL MARKS :-

8/10


ROLL NO. (In Words)

QUESTION BOOKLET VERSION :

This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.

CANDIDATE SIGNATURE: \_\_\_\_\_  
 INVIGILATOR'S SIGNATURE: SS

Date : / /

USE BLUE BALL POINT PEN ONLY.... 

INSTRUCTIONS

- FILL THE BLOCKS  USING BLUE BALLPOINT PEN ONLY.
- FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

Wrong  Correct

- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
- ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET.
- USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

MCQ ANSWER SHEET

Name of Candidate : Gaikwad Prashant  
 Name of Examination : MCQ Practice test  
 Class : Winter 16 Semester : -  
 Subject : OBG Paper : -  
 Date : 20/3/17

ROLL NO.  

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9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :→ 1 2 3 4 5 6 7 8 9 10  
 ANSWER :↓  
 A            
 B            
 C            
 D

QUESTION :→ 11 12 13 14 15 16 17 18 19 20  
 ANSWER :↓  
 A            
 B            
 C            
 D

QUESTION :→ 21 22 23 24 25 26 27 28 29 30  
 ANSWER :↓  
 A            
 B            
 C            
 D


TOTAL MARKS :-


$\frac{8}{10}$

ROLL NO. (In Words)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 QUESTION BOOKLET VERSION :  

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CANDIDATE SIGNATURE \_\_\_\_\_  
 INVIGILATOR'S SIGNATURE   
 Date : / /

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Wrong  Correct

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MCQ ANSWER SHEET

Name of Candidate : ROHIT KUMAR  
 Name of Examination : MCO Practice test  
 Class : 2024 Semester : \_\_\_\_\_  
 Subject : Winter 16 Paper : \_\_\_\_\_  
 Date : 20/8/17

ROLL NO.

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :-> 1 2 3 4 5 6 7 8 9 10

ANSWER : ↓

A

B

C

D

ROLL NO. (In Words)

\_\_\_\_\_

QUESTION BOOKLET VERSION :

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QUESTION :-> 11 12 13 14 15 16 17 18 19 20

ANSWER : ↓

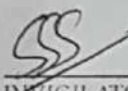
A

B

C

D

This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.



CANDIDATE SIGNATURE \_\_\_\_\_

WIGILATOR'S SIGNATURE \_\_\_\_\_

Date: / /

QUESTION :-> 21 22 23 24 25 26 27 28 29 30


ANSWER : ↓

A

B

C

D

USE BLUE BALL POINT PEN ONLY.... 

TOTAL MARKS :-

8  
10

INSTRUCTIONS

- FILL THE BLOCKS  USING BLUE BALLPOINT PEN ONLY.
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Wrong  Correct

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- USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

MCQ ANSWER SHEET

Name of Candidate : Sapna  
 Name of Examination : MCQ Practice Test  
 Class : Winter 16 Semester : \_\_\_\_\_  
 Subject : OBGy Paper : \_\_\_\_\_  
 Date : 2013/17

ROLL NO.

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓

A

B

C

D

QUESTION :→ 11 12 13 14 15 16 17 18 19 20

ANSWER :↓

A

B

C

D

QUESTION :→ 21 22 23 24 25 26 27 28 29 30

ANSWER :↓

A

B

C

D

TOTAL MARKS :-

8  
TO

ROLL NO. (In Words)


\_\_\_\_\_

QUESTION BOOKLET VERSION :


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This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.

CANDIDATE SIGNATURE: \_\_\_\_\_

REGULATOR'S SIGNATURE: 

Date: / /

USE BLUE BALL POINT PEN ONLY... 

INSTRUCTIONS

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Wrong  Correct

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MCQ ANSWER SHEET

Name of Candidate: Pillewar Vivek  
 Name of Examination: MCQ Practice test  
 Class: Winter 16 Semester: \_\_\_\_\_  
 Subject: Obay Paper: \_\_\_\_\_  
 Date: \_\_\_\_\_

ROLL NO.

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9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓

A

B

C

D

ROLL NO. (In Words)

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QUESTION BOOKLET VERSION :

QUESTION :→ 11 12 13 14 15 16 17 18 19 20

ANSWER :↓


A

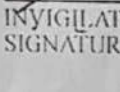
B

C

D

This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.

  
 CANDIDATE SIGNATURE

  
 INVIGILATOR'S SIGNATURE

Date: / /

QUESTION :→ 21 22 23 24 25 26 27 28 29 30


ANSWER :↓

A

B

C

D

USE BLUE BALL POINT PEN ONLY.... 

TOTAL MARKS :-

$\frac{6}{10}$

INSTRUCTIONS

- FILL THE BLOCKS  USING BLUE BALLPOINT PEN ONLY.
- FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

Wrong  Correct

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- USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, NASHIK.**

**MCQ ANSWER SHEET**

Name of Candidate : Gaikwad Smaj  
 Name of Examination : MCC Practice test  
 Class : Winter 16 Semester : \_\_\_\_\_  
 Subject : Obst Paper : \_\_\_\_\_  
 Date : 20/2/17

ROLL NO.

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QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓

A

B

C

D

QUESTION :→ 11 12 13 14 15 16 17 18 19 20

ANSWER :↓

A

B

C

D

QUESTION :→ 21 22 23 24 25 26 27 28 29 30

ANSWER :↓

A

B

C

D

TOTAL MARKS :-

7  
10


ROLL NO. (In Words)

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QUESTION BOOKLET VERSION :


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INVIGILATOR'S SIGNATURE

CANDIDATE SIGNATURE \_\_\_\_\_

Date: / /

USE BLUE BALL POINT PEN ONLY.... 

**INSTRUCTIONS**

- FILL THE BLOCKS  USING BLUE BALL POINT PEN ONLY.
- FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

Wrong	Correct
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- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
- ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET.
- USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

MCQ ANSWER SHEET

Name of Candidate : Bobade Sneha  
 Name of Examination : MCQ Practice test  
 Class : Winter 16 Semester : \_\_\_\_\_  
 Subject : Phy Paper : \_\_\_\_\_  
 Date : 20/11/17

ROLL NO.  

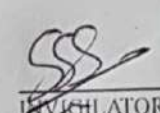
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8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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QUESTION :→ 1 2 3 4 5 6 7 8 9 10  
 ANSWER :↓  
 A            
 B            
 C            
 D


ROLL NO. (In Words)  
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 QUESTION BOOKLET VERSION :  

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QUESTION :→ 11 12 13 14 15 16 17 18 19 20  
 ANSWER :↓  
 A            
 B            
 C            
 D

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 CANDIDATE SIGNATURE \_\_\_\_\_ INVIGILATOR'S SIGNATURE \_\_\_\_\_  
 Date : / /

QUESTION :→ 21 22 23 24 25 26 27 28 29 30  
 ANSWER :↓  
 A            
 B            
 C            
 D

USE BLUE BALL POINT PEN ONLY... 

TOTAL MARKS :-

$\frac{7}{10}$

**INSTRUCTIONS**

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Wrong  Correct

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MCQ ANSWER SHEET

Name of Candidate : Patel Unnati  
 Name of Examination : MCQ Practice test  
 Class : W. when 16 Semester : \_\_\_\_\_  
 Subject : DSG Paper : \_\_\_\_\_  
 Date : 20/8/17

ROLL NO.  

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9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓  
 A            
 B            
 C            
 D

QUESTION :→ 11 12 13 14 15 16 17 18 19 20

ANSWER :↓  
 A            
 B            
 C            
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QUESTION :→ 21 22 23 24 25 26 27 28 29 30


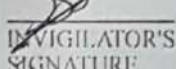
ANSWER :↓  
 A            
 B            
 C            
 D


TOTAL MARKS :-

$\frac{6}{10}$

ROLL NO. (In Words)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 QUESTION BOOKLET VERSION :  

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 CANDIDATE SIGNATURE  
  
 INVIGILATOR'S SIGNATURE  
 Date: / /

USE BLUE BALL POINT PEN ONLY... 

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- FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

Wrong	Correct
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- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
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Professor HOD  
Department of Obst. & Gynecology  
M.V.P.S. Dr. V.P. Medical College  
Nashik

2.5.4 UN

Winter  
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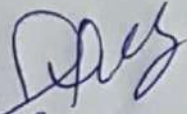


Winter 2017

Date: 15.02.2018

**Remedial classes are arranged for following students**

SR.NO	NAME OF STUDENT
1	CHANDANI DASS
2	EKTA SHUKLA
3	GAIKWAD PRASHANT BHASKAR
4	GAIKWAD VRUSHABH ANAND
5	GUND SAGAR VITTHAL
6	JAIN ADITYA SANJAYKUMAR
7	JOSHI LAYA CHANDRASHEKHAR
8	JOSHI PRATIK NARESHKUMAR
9	KALE ANITA VITTHALRAO
10	MADHURI SHARMA
11	OZA MAITRI RAMESHBHAI
12	PANDEY VINDESHWARI PRASADDEVRAJ
13	PATEL JENITHKUMARMAHENDRABHAI
14	PILLAI VIPIN VISHWANATHAN
15	PISE GOPAL DEVIDAS
16	RATHOD VAIBHAV BHARAT
17	SANJEEV THIND
18	SAWANT SNEHAL SANJAY
19	TADVI UTPAL
20	THAKARE SANATH SANJAY
21	VALVI ABHISHEK JARMANSING
22	VISHNUPRIYA G HARI

  
**Professor HOD**  
Department of Obst. & Gynecology  
M.V.P'S, Dr.V.P. Medical College,  
Adgaon, Nashik.





winter 17

### Scheduled of Remedial classes as follows

Date	TOPICS	Time	Teacher
19/02/2018	IMPROVING WRITING SKILLS	4pm-5pm	Dr. Nilima Gupte
22/02/2018	VIVA VOCE-OBSTETRICS	4pm-5pm	Dr. Kathaley
26/02/2018	VIVA VOCE-GYNAECOLOGY	4pm-5pm	Dr. Kiran Patole
01/03/2018	SPECIMEN AND CONTRACEPTION	4pm-5pm	Dr. Ajit Patil
05/03/2018	REVISION OF OBSTETRICS INSTRUMENTS	4pm-5pm	Dr. Padmaja Joshi
08/03/2018	RETEST	4pm-5pm	Dr. Poonam Patil

All students should attend the special classes sincerely.

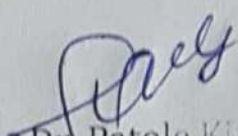
Dr. Patole Kiran  
Professor & HOD  
Department of OBGY

**Professor HOD**  
Department of Obst. & Gynecology  
M.V.P'S, Dr. V.P. Medical College,  
Adgaon, Nashik.



### Remedial classes attendance

Name of student	19/02/2018	22/02/2018	26/02/2018	01/03/2018	05/03/2018	08/03/2018
CHANDANI DASS	P	P	P	A	P	P
EKTA SHUKLA	P	P	P	P	P	P
GAIKWAD PRASHANT BHASKAR	P	P	P	P	P	A
GAIKWAD VRUSHABH ANAND	A	P	P	P	P	P
GUND SAGAR VITTHAL	P	P	P	P	A	P
JAIN ADITYA SANJAYKUMAR	P	P	P	P	P	P
JOSHI LAYA CHANDRASHEKHAR	P	A	P	P	P	P
JOSHI PRATIK NARESHKUMAR	P	P	P	P	P	A
KALE ANITA VITTHALRAO	P	P	P	P	P	A
MADHURI SHARMA	P	P	P	P	P	P
MAHA MAITRI RAMESHBHAI	P	P	P	P	P	P
MAHA VINDESHWARI	A	P	P	P	P	A
PRASADDEVRAJ	P	P	P	P	P	A
PATEL JENITHKUMARMAHENDRABHAI	P	P	P	P	P	A
PILLAI VIPIN VISHWANATHAN	P	P	A	P	P	P
PISE GOPAL DEVIDAS	P	P	P	P	P	P
RATHOD VAIBHAV BHARAT	P	A	P	P	A	P
SANJEEV THIND	P	P	P	P	P	P
SAWANT SNEHAL SANJAY	P	P	P	A	P	P
TADVI UTPAL	A	P	P	P	P	P
THAKARE SANATH SANJAY	P	P	P	P	P	A
VALVI ABHISHEK JARMANSING	P	P	P	P	P	P
VISHNUPRIYA G HARI	P	P	A	P	P	P

  
Dr. Patole Kiran  
Professor & HOD  
Department of OBGY

**Professor HOD**  
Department of Obst. & Gynecology  
M.V.P'S, Dr.V.P. Medical College,  
Adgaon, Nashik.

N.D.M.V.P.S. Medical College Adgaon, Nashik -3  
DEPARTMENT OF OBSTETRICS & GYNECOLOGY  
MUHS BATCH- WINTER 2017

REMEDIAL CLASSES

MCQ PRACTICE TEST

DATE: 8/3/18

NAME OF STUDENT:

SAMPLE PAPER

- 1 Commonest cause of transverse lie is
  - a) congenital anomalies of the uterus b) Big baby
  - c) fibriod of lower segment d) full bladder
- 2 Complications of I U F D is
  - a) APH b) DIC c) PIH d) Traumatic PPH
- 3 Preterm labour is defined as labour before ----- weeks of pregnancy.
  - a) 36 b) 37 c) 38 d) 39
- 4 Tumor markers in Ovarian malignancy are
  - a) HCG b) CA - 125 c) Alfa feto protein d) all of these
- 5 Hystero - Salpingo graphy is done on day \_\_\_\_ of the Menstrual cycle
  - a) 2-4 b) 4-6 c) 6-8 d) 8-10
6. Arias Stella reaction is seen in
  - a) Ectopic pregnancy b) Twin pregnancy c) ovarian tumours d) All of the above
7. Bishop Score includes following except
  - a) Cervical dilatation b) malpresentation c) station d) Consistency of cervix.
8. HIV transmission to the newborn is most common during
  - a) First trimester b) Second trimester c) Third trimester d) During Delivery
9. Ashermanns Syndrome is caused by
  - a) latrogenic b) Genital tuberculosis c) Endometritis d) all of the above
10. Tumor marker for epithelial carcinoma ovary are
  - a) B HCG b) alpha Fetoprotein c) CA 125 d) CEA

**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, NASHIK.**

**MCQ ANSWER SHEET**

Name of Candidate : Abhishek Valvi  
 Name of Examination : MCQ Practice Test  
 Class : Winter 17 Semester : -  
 Subject : OBGY Paper : -  
 Date : 8/3/18

ROLL NO.  

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9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :→ 1 2 3 4 5 6 7 8 9 10  
 ANSWER :↓  
 A            
 B            
 C            
 D

QUESTION :→ 11 12 13 14 15 16 17 18 19 20  
 ANSWER :↓  
 A            
 B            
 C            
 D

QUESTION :→ 21 22 23 24 25 26 27 28 29 30  
 ANSWER :↓  
 A            
 B            
 C            
 D


TOTAL MARKS :-

8/10


ROLL NO. (In Words)  
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 QUESTION BOOKLET VERSION :  

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This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.



CANDIDATE SIGNATURE \_\_\_\_\_ INVIGILATOR'S SIGNATURE \_\_\_\_\_  
 Date: / /

USE BLUE BALL POINT PEN ONLY..... 

**INSTRUCTIONS**

- FILL THE BLOCKS  USING BLUE BALLPOINT PEN ONLY.
- FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

Wrong

Correct

- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
- ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET.
- USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

Name of Candidate : Chandani Das  
 Name of Examination : MCA Practice test  
 Class : 023019 winter 17 Semester : -  
 Subject : 0844 Paper : -  
 Date : 8/3/18

ROLL NO.

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QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓

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C

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QUESTION :→ 11 12 13 14 15 16 17 18 19 20

ANSWER :↓

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QUESTION :→ 21 22 23 24 25 26 27 28 29 30

ANSWER :↓

A

B

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D

TOTAL MARKS :-

8/10


ROLL NO. (In Words)

QUESTION BOOKLET VERSION :


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CANDIDATE SIGNATURE \_\_\_\_\_

INVIGILATOR'S SIGNATURE 

Date: / /

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Wrong  Correct

MCQ ANSWER SHEET

Name of Candidate : Gund Sagar Vithal  
 Name of Examination : MCQ Practice test  
 Class : winter 17 Semester : -  
 Subject : OBGYN 17 Paper : -  
 Date : 8/3/18

ROLL NO.  

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QUESTION :→ 1 2 3 4 5 6 7 8 9 10  
 ANSWER :↓  
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QUESTION :→ 21 22 23 24 25 26 27 28 29 30  
 ANSWER :↓  
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TOTAL MARKS :-

710

ROLL NO. (In Words)  
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 QUESTION BOOKLET VERSION :  





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 Date : / /

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Wrong	Correct
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 3. FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.  
 4. ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET.  
 5. USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, NASHIK.**  
**MCQ ANSWER SHEET**

Name of Candidate : ~~XXXXXXXXXX~~ Tabri Utjar  
 Name of Examination : MCQ Practice test  
 Class : Winter 17 Semester : -  
 Subject : OBG Paper : -  
 Date : 8/3/18

**ROLL NO.**

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QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓

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QUESTION :→ 11 12 13 14 15 16 17 18 19 20

ANSWER :↓

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QUESTION :→ 21 22 23 24 25 26 27 28 29 30

ANSWER :↓

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TOTAL MARKS :-

9/10

**ROLL NO. (In Words)**


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QUESTION BOOKLET VERSION :

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CANDIDATE SIGNATURE

INVIGILATOR'S SIGNATURE

Date : / /

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MCQ ANSWER SHEET

Name of Candidate : Sawant Snehal Sanjay  
 Name of Examination : MCQ Practice test  
 Class : winter # Semester : -  
 Subject : OBGYN Paper : -  
 Date : 8/3/18

ROLL NO.  

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QUESTION :→ 1 2 3 4 5 6 7 8 9 10  
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 ANSWER :↓  
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 C            
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QUESTION :→ 21 22 23 24 25 26 27 28 29 30  
 ANSWER :↓  
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TOTAL MARKS :-

8/10

ROLL NO. (In Words)  
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 Date: / /

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MCQ ANSWER SHEET

Name of Candidate : Vaibhav Rathod  
 Name of Examination : MCQ Practice Test  
 Class : Winter 17 Semester : -  
 Subject : OBG4 Paper : -  
 Date : 8/3/18

ROLL NO.

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QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓

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QUESTION :→ 11 12 13 14 15 16 17 18 19 20

ANSWER :↓

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QUESTION :→ 21 22 23 24 25 26 27 28 29 30

ANSWER :↓

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TOTAL MARKS :-

8/10

ROLL NO. (In Words)

QUESTION BOOKLET VERSION :


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CANDIDATE SIGNATURE \_\_\_\_\_

INVIGILATOR'S SIGNATURE P. An

Date : / /

USE BLUE BALL POINT PEN ONLY... 

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MCQ ANSWER SHEET

Name of Candidate : Madhuri sharma.  
 Name of Examination : MCQ Practice test  
 Class : Winter 17 Semester : -  
 Subject : OBG4 Paper : -  
 Date : 8/3/18

ROLL NO.  

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QUESTION :→ 1 2 3 4 5 6 7 8 9 10  
 ANSWER :↓  
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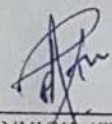
TOTAL MARKS :-


8/10

ROLL NO. (In Words)  
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 QUESTION BOOKLET VERSION :  

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CANDIDATE SIGNATURE \_\_\_\_\_  
 INVIGILATOR'S SIGNATURE   
 Date : / /

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Wrong  Correct

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**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, NASHIK.**

**MCQ ANSWER SHEET**

Name of Candidate : Nadhuri Shama  
 Name of Examination : MCQ Practice test  
 Class : Winter 17 Semester : -  
 Subject : OBGYN Paper : -  
 Date : 8/3/18

**ROLL NO.**

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QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓

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QUESTION :→ 11 12 13 14 15 16 17 18 19 20

ANSWER :↓

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QUESTION :→ 21 22 23 24 25 26 27 28 29 30

ANSWER :↓

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**TOTAL MARKS :-**

8  
/ 10

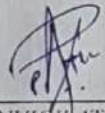
**ROLL NO. (In Words)**

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QUESTION BOOKLET VERSION :


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CANDIDATE SIGNATURE \_\_\_\_\_ INVIGILATOR'S SIGNATURE \_\_\_\_\_

Date : / /

**USE BLUE BALL POINT PEN ONLY....** 

- INSTRUCTIONS**
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  - FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.
- Wrong

Correct
- 
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  - USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

MCQ ANSWER SHEET

Name of Candidate : Oza Maitri Ramashbhai  
 Name of Examination : MCQ Practice test  
 Class : Winter 17 Semester : -  
 Subject : OBGy Paper : -  
 Date : 8/3/18

ROLL NO.

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7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓

A

B

C

D

QUESTION :→ 11 12 13 14 15 16 17 18 19 20

ANSWER :↓

A

B

C

D

QUESTION :→ 21 22 23 24 25 26 27 28 29 30

ANSWER :↓

A

B

C

D

TOTAL MARKS :-

6/10

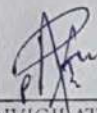
ROLL NO. (In Words)

\_\_\_\_\_

QUESTION BOOKLET VERSION :


\_\_\_\_\_

This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.



CANDIDATE SIGNATURE \_\_\_\_\_ INVIGILATOR'S SIGNATURE \_\_\_\_\_

Date: / /

USE BLUE BALL POINT PEN ONLY... 

**INSTRUCTIONS**

- FILL THE BLOCKS  USING BLUE BALLPOINT PEN ONLY.
- FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

Wrong

Correct

✓

✗

■

■

- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
- ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET.
- USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

MCQ ANSWER SHEET

Name of Candidate : Vishwajoy G. Han  
 Name of Examination : MCQ Practice test  
 Class : Winks 1<sup>st</sup> Semester  
 Subject : OBST Paper : \_\_\_\_\_  
 Date : 8/2/15

ROLL NO.

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :-> 1 2 3 4 5 6 7 8 9 10

ANSWER : ↓

A

B

C

D

QUESTION :-> 11 12 13 14 15 16 17 18 19 20

ANSWER : ↓

A

B

C

D

QUESTION :-> 21 22 23 24 25 26 27 28 29 30

ANSWER : ↓

A

B

C

D

TOTAL MARKS :-

27/10

ROLL NO. (In Words)

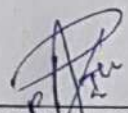
\_\_\_\_\_

QUESTION BOOKLET VERSION :


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This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.

CANDIDATE SIGNATURE \_\_\_\_\_

INVIGILATOR'S SIGNATURE 

Date : / /

USE BLUE BALL POINT PEN ONLY... 

INSTRUCTIONS

- FILL THE BLOCKS  USING BLUE BALLPOINT PEN ONLY.
- FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

Wrong  Correct

- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
- ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET.
- USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

Name of Candidate : Gaikwad Nem  
 Name of Examination : MCO Practice Test  
 Class : Winters 12 Semester : \_\_\_\_\_  
 Subject : BRGP Paper : \_\_\_\_\_  
 Date : 8/8/18

ROLL NO.

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓

A

B

C

D

QUESTION :→ 11 12 13 14 15 16 17 18 19 20

ANSWER :↓

A

B

C

D

QUESTION :→ 21 22 23 24 25 26 27 28 29 30

ANSWER :↓

A

B

C

D

TOTAL MARKS :-

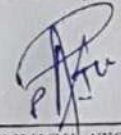
9  
10

ROLL NO. (In Words)


QUESTION BOOKLET VERSION :

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This is to certify that the entries of Roll No., Question-Booklet Version, Question Booklet Sr. No. & Subject have been verified.

CANDIDATE SIGNATURE \_\_\_\_\_ INVIGILATOR'S SIGNATURE 

Date: / /

USE BLUE BALL POINT PEN ONLY.... 

- INSTRUCTIONS
- FILL THE BLOCKS  USING BLUE BALLPOINT PEN ONLY.
  - FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.
- Wrong  Correct
- 
- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
  - ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET.
  - USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

MCQ ANSWER SHEET

Name of Candidate : Aditya Jain  
 Name of Examination : MCQ practice test  
 Class : Winter 17 Semester : \_\_\_\_\_  
 Subject : BBG7 Paper : \_\_\_\_\_  
 Date : 8/1/18

ROLL NO.  

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

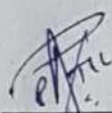

QUESTION :→ 1 2 3 4 5 6 7 8 9 10  
 ANSWER :↓  
 A            
 B            
 C            
 D


QUESTION :→ 11 12 13 14 15 16 17 18 19 20  
 ANSWER :↓  
 A            
 B            
 C            
 D

QUESTION :→ 21 22 23 24 25 26 27 28 29 30  
 ANSWER :↓  
 A            
 B            
 C            
 D

ROLL NO. (In Words)  
 \_\_\_\_\_  
 QUESTION BOOKLET VERSION :  

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This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.  
  
 CANDIDATE SIGNATURE  
  
 INVIGILATOR'S SIGNATURE  
 Date : / /

USE BLUE BALL POINT PEN ONLY... 

**INSTRUCTIONS**

- FILL THE BLOCKS  USING BLUE BALLPOINT PEN ONLY.
- FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

Wrong	Correct
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
- ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET.
- USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

TOTAL MARKS :-

$\frac{7}{10}$

MCQ ANSWER SHEET

Name of Candidate : Laya Joshi  
 Name of Examination : MCQ Practice test  
 Class : Winter 12 Semester : \_\_\_\_\_  
 Subject : OBG Paper : \_\_\_\_\_  
 Date : 8/2/18

ROLL NO.

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :-> 1 2 3 4 5 6 7 8 9 10

ANSWER : ↓

A

B

C

D

QUESTION :-> 11 12 13 14 15 16 17 18 19 20

ANSWER : ↓

A

B

C

D

QUESTION :-> 21 22 23 24 25 26 27 28 29 30

ANSWER : ↓

A

B

C

D

TOTAL MARKS :-

$\frac{6}{10}$

ROLL NO. (In Words)

\_\_\_\_\_

QUESTION BOOKLET VERSION :

\_\_\_\_\_

This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.

*[Signature]*

CANDIDATE SIGNATURE      INVIGILATOR'S SIGNATURE

Date : / /

USE BLUE BALL POINT PEN ONLY...

**INSTRUCTIONS**

- FILL THE BLOCKS  USING BLUE BALL POINT PEN ONLY.
- FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

Wrong

Correct

- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
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- USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.



MCQ ANSWER SHEET

Name of Candidate : Gopal Pise  
 Name of Examination : MCQ Practice test  
 Class : Winter 12 Semester : \_\_\_\_\_  
 Subject : MBBS Paper : \_\_\_\_\_  
 Date : 8/2/18

ROLL NO.  

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


QUESTION :→ 1 2 3 4 5 6 7 8 9 10  
 ANSWER :↓  
 A            
 B            
 C            
 D


QUESTION :→ 11 12 13 14 15 16 17 18 19 20  
 ANSWER :↓  
 A            
 B            
 C            
 D

QUESTION :→ 21 22 23 24 25 26 27 28 29 30  
 ANSWER :↓  
 A            
 B            
 C            
 D

ROLL NO. (In Words)  
 \_\_\_\_\_  
 QUESTION BOOKLET VERSION :  

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This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.  
  
 CANDIDATE SIGNATURE      INVIGILATOR'S SIGNATURE  
 Date : / /

USE BLUE BALL POINT PEN ONLY.... 

- INSTRUCTIONS
- FILL THE BLOCKS  USING BLUE BALLPOINT PEN ONLY.
  - FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.  

Wrong	Correct
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
  - FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
  - ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET.
  - USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

TOTAL MARKS :-

8/10

**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, NASHIK.**

**MCQ ANSWER SHEET**

Name of Candidate : Srta Shukla  
 Name of Examination : MCQ Practice test  
 Class : Winter 12 Semester : \_\_\_\_\_  
 Subject : OBG Paper : \_\_\_\_\_  
 Date : 13/18

ROLL NO.

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓

A

B

C

D

QUESTION :→ 11 12 13 14 15 16 17 18 19 20

ANSWER :↓

A

B

C

D

QUESTION :→ 21 22 23 24 25 26 27 28 29 30

ANSWER :↓

A

B

C

D

TOTAL MARKS :-

8/10


ROLL NO. (In Words)

QUESTION BOOKLET VERSION :

This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.

CANDIDATE SIGNATURE \_\_\_\_\_ INVIGILATOR'S SIGNATURE \_\_\_\_\_

Date : / /

USE BLUE BALL POINT PEN ONLY.... 

- INSTRUCTIONS**
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  - FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.
  - FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
  - ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET.
  - USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

Wrong  Correct

**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, NASHIK.**  
**MCQ ANSWER SHEET**

Name of Candidate : Ekta Shukla  
 Name of Examination : MCQ Practice test  
 Class : Winter 17 Semester : -  
 Subject : OBGYN Paper : -  
 Date : 23/18

**ROLL NO.**

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓

A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :→ 11 12 13 14 15 16 17 18 19 20

ANSWER :↓

A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :→ 21 22 23 24 25 26 27 28 29 30

ANSWER :↓

A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TOTAL MARKS :-**

7  
10


**ROLL NO. (In Words)**

\_\_\_\_\_

QUESTION BOOKLET VERSION :


\_\_\_\_\_

This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.



CANDIDATE SIGNATURE \_\_\_\_\_ INVIGILATOR'S SIGNATURE \_\_\_\_\_

Date: / /

**USE BLUE BALL POINT PEN ONLY....** 

**INSTRUCTIONS**

- FILL THE BLOCKS  USING BLUE BALLPOINT PEN ONLY.
- FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

Wrong       Correct

- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
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- USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

2.5.4 UN

WINTER  
18



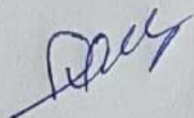
**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &  
RESEARCH CENTER VASANTDADA NAGAR, ADGAON NASHIK-422003  
DEPARTMENT OF OBSTETRICS & GYNECOLOGY**

Date: 7.02.2019

Remedial classes are arranged for following students

Winter 2018

Sr.NO	NAME OF STUDENTS
1	ARAVIND KUMAR K
2	DHAWALE SHARMISTHA MILIND
3	GAIKWAD PRASHANT BHASKAR
4	GURSHARAN SINGH HUNDAL
5	HUMBE SHRAVANI BHARAT
6	INGLE RAJRATNA GANESH
7	JOGDAND PRADNYA BALIRAM
8	KHAN ABDULGADIR LAIQUE
9	KOLHE POOJA SUNIL
10	MAJMULE KISHOR DEVIDAS
11	MORE BHUSHAN HITENDRA
12	PATEL JENITHKUMAR MAHENDRA ABHAI
13	SADGIR PRATIK RAMKRISHNA

  
Dr. Patole Kiran  
Professor & HOD  
Department of OBGY

**Professor HOD**  
Department of Obst. & Gynecology  
M.V.P'S, Dr.V.P. Medical College,  
Adgaon, Nashik.



**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &  
RESEARCH CENTER VASANTDADA NAGAR, ADGAON NASHIK-422003  
DEPARTMENT OF OBSTETRICS & GYNECOLOGY**

Scheduled of Remedial classes as follows Winter 2018

Date	TOPICS	Time	Teacher
11/02/2019	IMPROVING WRITING SKILLS	4pm-5pm	Dr.Kiran Patole
14/02/2019	VIVA VOCE-GYNECOLOGY	4pm-5pm	Dr. Ajit Patil
18/02/2019	SPECIMEN AND CONTRACEPTION	4pm-5pm	Dr.Kathaley
21/02/2019	REVISION OF OF OBSTETRICS INSTRUMENTS	4pm-5pm	Dr.Nilima Gupte
25/02/2019	VIVA VOCE -OBSTETRIC	4pm-5pm	Dr.Poonam Patil
28/02/2019	RETEST	4pm-5pm	Dr.Sandeep Sonawane

All students should attend the special classes sincerely.

Dr. Patole Kiran  
Professor & HOD  
Department of OBGY  
**Professor HOD**  
Department of Obst. & Gynecology  
M.V.P'S, Dr.V.P.Medical College,  
Adgaon, Nashik.



### Remedial classes attendance

Name of student	11/02/2019	14/02/2019	18/02/2019	21/02/2019	25/02/2019	28/02/2019
ARAVIND KUMAR K	P	P	P	P	P	P
DHAWALE SHARMISTHA MILIND	P	P	P	A	P	A P
GAWAD PRASHANT BHASKAR	P	A	A	P	P	A
GURSHARAN SINGH HUNDAL	P	P	P	P	P	P
HUMBE SHRAVANI BHARAT	P	A	P	P	P	A
INGLE RAJRATNA GANESH	A	A	A	P	A	A
JOGDAND PRADNYA BALIRAM	P	P	P	P	P	P
KHAN ABDULGADIR LAIQUE	P	A	P	A	P	A
KOLHE POOJA SUNIL	P	P	A	P	A	A
MAJMULE KISHOR DEVIDAS	A	A	P	P	P	A
MORE BHUSHAN HITENDRA	P	P	P	P	P	P
MATEL JENITHKUMAR MAHENDRA ABHAI	P	A	P	A	P	A
SADGIR PRATIK RAMKRISHNA	P	A	P	P	P	A

*[Signature]*  
Professor & HOD

Department of OBGY

**Professor HOD**

Department of Obst. & Gynecology  
M.V.P'S, Dr.V.P. Medical College,  
Adgaon, Nashik.

N.D.M.V.P.S. Medical College Adgaon, Nashik -3  
DEPARTMENT OF OBSTETRICS & GYNECOLOGY  
MUHS BATCH- WINTER 2018

REMEDIAL CLASSES

MCQ PRACTICE TEST

Sample Paper

DATE: 14/2/19 NAME OF STUDENT:

1. Dose of inj Anti D after I trimester abortion in a Rh -ve patient is.  
a) 25 micro gm    b) 300 micro gm    c) 100 micro gm    d) 200 micro gm.
2. Placenta invading myometrium is known as  
a) Placenta accreta    b) Placenta increta    c) Placenta percreta  
d) Placenta previa.
3. Which of the following is absolute contraindication for PGF2 alpha  
(inj. prostodin)  
a) rheumatic heart disease    b) bronchial asthma    c) severe anaemia  
d) severe PIH
4. Polycystic ovarian disease is characterised by all except  
a) Secondary amenorrhoea    b) Infertility    c) Hirsutism    d) Galactorrhoea
5. Corkscrew shaped glands are seen in  
a) Late proliferative endometrium    b) Early secretory endometrium  
c) Early proliferative endometrium    d) late secretory endometrium
6. Out of following which is the test to diagnose ectopic pregnancy  
a) HSG    b) hysteroscopy    c) laparoscopy    d) MRI
7. Most common complication occurring in IUGR baby is  
a) Hyaline membrane disease    b) hypomagnesemia    c) Intraventricular hemorrhage    d) hypothermia
8. In previously unscarred uterus rupture during labour involves  
a) Fundus    b) lateral wall    c) lower segment    d) cervix
9. Which of the following is not associated with septate uterus  
a) RPL    b) IUGR    c) menorrhagia    d) infertility
10. HSG is performed on which day of cycle  
a) 25<sup>th</sup>    b) 14<sup>th</sup>    c) 2<sup>nd</sup>    d) 9<sup>th</sup>



**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, NASHIK.**

**MCQ ANSWER SHEET**

Name of Candidate : Arvind Kumar  
 Name of Examination : MCQ Practice test  
 Class : OBGYN Semester : Winter 2018  
 Subject : OBGYN Paper : \_\_\_\_\_  
 Date : 10/2/19

ROLL NO.

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :-> 1 2 3 4 5 6 7 8 9 10

ANSWER :->

A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

QUESTION :-> 11 12 13 14 15 16 17 18 19 20

ANSWER :->

A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :-> 21 22 23 24 25 26 27 28 29 30

ANSWER :->

A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL MARKS :-

$$\frac{8}{10}$$

ROLL NO. (In Words)

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QUESTION BOOKLET VERSION :


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This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.

*[Signature]*

CANDIDATE SIGNATURE \_\_\_\_\_ INVIGILATOR'S SIGNATURE \_\_\_\_\_

Date: / /

USE BLUE BALL POINT PEN ONLY.... 

**INSTRUCTIONS**

- FILL THE BLOCKS  USING BLUE BALLPOINT PEN ONLY.
- FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

Wrong	Correct
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- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
- ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET.
- USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

MCQ ANSWER SHEET

Name of Candidate : Dhawale Sharmitha  
 Name of Examination : UGG MCD, Paradise paper  
 Class : UGG Semester : Winter 2018  
 Subject : UGG Paper : \_\_\_\_\_  
 Date : 14/2/19

ROLL NO.  

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :→ 1 2 3 4 5 6 7 8 9 10  
 ANSWER :↓  
 A            
 B            
 C            
 D

ROLL NO. (In Words)  
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 QUESTION BOOKLET VERSION :  

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QUESTION :→ 11 12 13 14 15 16 17 18 19 20  
 ANSWER :↓  
 A            
 B            
 C            
 D

This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.  
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 CANDIDATE SIGNATURE  
 \_\_\_\_\_  
 INVIGILATOR'S SIGNATURE  
 Date : / /

QUESTION :→ 21 22 23 24 25 26 27 28 29 30  
 ANSWER :↓  
 A            
 B            
 C            
 D

USE BLUE BALL POINT PEN ONLY...

TOTAL MARKS :-

$\frac{7}{10}$

INSTRUCTIONS

- FILL THE BLOCKS  USING BLUE BALLPOINT PEN ONLY.
- FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

Wrong  Correct

- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
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MCQ ANSWER SHEET

Name of Candidate: Jagdish Jodanya  
 Name of Examination: MCQ practice test  
 Class: UGAY Semester: Winter 18  
 Subject: UGAY Paper: \_\_\_\_\_  
 Date: 14/2/19

ROLL NO.

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9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓

A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

QUESTION :→ 11 12 13 14 15 16 17 18 19 20

ANSWER :↓

A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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QUESTION :→ 21 22 23 24 25 26 27 28 29 30

ANSWER :↓

A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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TOTAL MARKS :-

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10

ROLL NO. (In Words)

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QUESTION BOOKLET VERSION :


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This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.

CANDIDATE SIGNATURE \_\_\_\_\_

INVIGILATOR'S SIGNATURE SSS

Date: / /

USE BLUE BALL POINT PEN ONLY... 

**INSTRUCTIONS**

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- USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

Wrong  Correct

**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, NASHIK.**

**MCQ ANSWER SHEET**

Name of Candidate : Mare Bhushan  
 Name of Examination : MCQ Practice tests  
 Class : DBUY Semester : Winter 18  
 Subject : DBUY Paper : \_\_\_\_\_  
 Date : 14/2/19

**ROLL NO.**

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9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓

A

B

C

D

QUESTION :→ 11 12 13 14 15 16 17 18 19 20

ANSWER :↓

A

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C

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QUESTION :→ 21 22 23 24 25 26 27 28 29 30

ANSWER :↓

A

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C

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**TOTAL MARKS :-**

7/10

**ROLL NO. (In Words)**

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QUESTION BOOKLET VERSION :

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This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.


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CANDIDATE SIGNATURE

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INVIGILATOR'S SIGNATURE

Date : / /

**USE BLUE BALL POINT PEN ONLY....** 

**INSTRUCTIONS**

- FILL THE BLOCKS  USING BLUE BALLPOINT PEN ONLY.
- FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

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- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
- ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET.
- USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, NASHIK.**

**MCQ ANSWER SHEET**

Name of Candidate : Gursharan Singh and Madal  
 Name of Examination : MCQ Booklet  
 Class : MBBS Semester : WINTER 18  
 Subject : MBBS Paper : \_\_\_\_\_  
 Date : 14/2/19

**ROLL NO.**

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1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**QUESTION :→** 1 2 3 4 5 6 7 8 9 10

**ANSWER :↓**

A

B

C

D

**ROLL NO. (In Words)**

\_\_\_\_\_

QUESTION BOOKLET VERSION :

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**QUESTION :→** 11 12 13 14 15 16 17 18 19 20

**ANSWER :↓**

A

B

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D

This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.

*GSH*

CANDIDATE SIGNATURE      INVIGILATOR'S SIGNATURE

Date : / /

**QUESTION :→** 21 22 23 24 25 26 27 28 29 30


**ANSWER :↓**

A

B

C

D

**USE BLUE BALL POINT PEN ONLY....** 

**TOTAL MARKS :-**

8/10-

- INSTRUCTIONS**
- FILL THE BLOCKS  USING BLUE BALLPOINT PEN ONLY.
  - FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.
- |       |         |
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|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
  - ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET.
  - USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.



Date: 25.04.2016

Remedial classes are arranged for following students

(MUHS-28)

Sr.No	Name of Student
1	Joshi Akashay
2	Dighe Ujjwal

All students should attend the Remedial classes sincerely.

Date	TOPICS	Time	Teacher
27.04.2016	IMPROVING WRITING SKILLS	4pm-5pm	Dr. Ajit Patil
28.04.2016	VIVA VOCE	4pm-5pm	Dr. Kiran Patole
29.04.2016	DISCUSSION ON QUERIES REGARDING QUESTIONS ASKED IN PREVIOUS UNIVERSITY EXAMS	4pm-5pm	Dr. Abhijit Patil

All student should attend the Remedial classes sincerely.

Dr. Patole Kiran  
Professor & HOD

Department of OBGY

Department of Obst. & Gynecology  
M.V.P'S, Dr. V.P. Medical College,  
Adgaon, Nashik.



Remedial classes attendance

Name of student	27.04.2016	28.04.2016	29.04.2016
Joshi Akashay	P	A	P
Dighe Ujjwal	A	P	A

Dr. Patole Kiran

Professor & HOD

Department of OBGY

**Professor HOD**

Department of Obst. & Gynecology  
M.V.P'S, Dr.V.P. Medical College,  
Adgaon, Nashik.

2.5.4



**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTER VASANTDADA NAGAR, ADGAON NASHIK-422003**  
**DEPARTMENT OF OBSTETRICS & GYNECOLOGY**

Date:18.10.2016

Remedial classes are arranged for following students

(MUHS-29)

Sr.No	Name of Student
1	Gaikwad Prashant Bhaskar
2	Joshi Laya Chandrashekhar
3	Sharma Madhuri
4	Videkar Harshada Dilip
5	Abvid Ali
6	Marawar Neha R
7	Vidya Sonar
8	Nishant Singh

All students should attend the Remedial classes sincerely.

Date	TOPICS	Time	Teacher
20.10.2016	IMPROVING WRITING SKILLS	4pm-5pm	Dr.Ajit Patil
21.10.2016	VIVA VOCE	4pm-5pm	Dr.Kiran Patole
22.10.2016	DISCUSSION ON QUERIES REGARDING QUESTIONS ASKED IN PREVIOUS UNIVERSITY EXAMS	4pm-5pm	Dr.Abhijit Patil

All student should attend the Remedial classes sincerely.

Dr. Patole Kiran  
Professor & HOD

**Professor HOD**  
Department of Obst. & Gynecology  
M.V.P'S, Dr.V.P.Medical College,  
Adgaon, Nashik.





Remedial classes attendance

Name of student	20.10.2016	21.10.2016	22.10.2016
Gaikwad Prashant Bhaskar	P	A	P
Joshi Laya Chandrashekhar	A	A	P
Sharma Madhuri	P	P	A
Videkar Harshada Dilip	P	A	P
Abvid Ali	A	P	P
Marawar Neha R	A	A	P
Vidya Sonar	P	P	A
Nishant Singh	P	A	P

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Professor & HOD

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2.5.4



**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTER VASANTDADA NAGAR, ADGAON NASHIK-422003**  
**DEPARTMENT OF OBSTETRICS & GYNECOLOGY**

Date:17.10.2017

Remedial classes are arranged for following students

(MUHS-30)

Sr.No	Name of Student
1	Ekta Shukla
2	Gaikwad Vrushabh A.
3	Humbe Shravani B.
4	Neha Rana
5	Oza Maitri R.
6	Patel Jenithkumar M
7	Patel Priyanka M.
8	Ronit Kumar
9	Valvi Abhishek J
10	Vishnupriya G. Hari
11	Chirag Surana
12	Gavit Akash K.
13	Janvir Solani
14	Khan Abdulguadir
15	Rajput Pratik M
16	Saibal Kummar M.
17	Lay Joshi

All students should attend the Remedial classes sincerely.



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RESEARCH CENTER VASANTDADA NAGAR, ADGAON NASHIK-422003  
DEPARTMENT OF OBSTETRICS & GYNECOLOGY

Date	TOPICS	Time	Teacher
19.10.2017	IMPROVING WRITING SKILLS	4pm-5pm	Dr.Ajit Patil
20.10.2017	VIVA VOCE	4pm-5pm	Dr.Kiran Patole
21.10.2017	DISCUSSION ON QUERIES REGARDING QUESTIONS ASKED IN PREVIOUS UNIVERSITY EXAMS	4pm-5pm	Dr.Abhijit Patil

All student should attend the Remedial classes sincerely.

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Department of OBGY

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Adgaon, Nashik.



Remedial classes attendance

Name of student	19.10.2017	20.10.2017	21.10.2017
Ekta Shukla	A	P	P
Gaikwad Vrushabh A.	P	A	P
Humbe Shravani B.	P	P	A
Neha Rana	A	A	P
Oza Maitri R.	A	P	P
Patel Jenithkumar M	P	A	P
Patel Priyanka M.	A	P	P
Ronit Kumar	A	P	P
Valvi Abhishek J	A	P	P
Vishnupriya G. Hari	P	A	P
Chirag Surana	P	A	P
Gavit Akash K.	P	A	P
Janvir Solani	P	P	A
Khan Abdulguadir	A	P	P
Rajput Pratik M	P	P	A
Saibal Kummar M.	A	P	P
Lay Joshi	P	P	A

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Department of OBGY

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Adgaon, Nashik.



Date: 12.10.2018

Remedial classes are arranged for following students

(MUHS-31)

Sr.No	Name of Student
1	Aher Shubham Vishnu
2	Gupta Ayushi P.
3	Kakad Menka Pandurang
4	Kolhe Pooja Sunil
5	Dhawale Sharmistha
6	Bhushan Mane
7	Gaurav Patil
8	Jyoti Phadol
9	Pratik Sadgir
10	Vivek Kumar
11	Saloni Janvir
12	Priyanka Palve
13	Akash Gavit
14	Abdul Khan
15	Majmule Kishor
16	Saibal Kumar Malik

All students should attend the Remedial classes sincerely.

**Professor HOD**  
Department of Obst. & Gynecology  
M.V.P'S, Dr.V.P. Medical College,  
Adgaon, Nashik.



All students should attend the Remedial classes sincerely.

Date	TOPICS	Time	Teacher
15.10.2018	IMPROVING WRITING SKILLS	4pm-5pm	Dr.Ajit Patil
16.10.2018	VIVA VOCE	4pm-5pm	Dr.Kiran Patole
17.10.2018	DISCUSSION ON QUERIES REGARDING QUESTIONS ASKED IN PREVIOUS UNIVERSITY EXAMS	4pm-5pm	Dr.Abhijit Patil

All student should attend the Remedial classes sincerely.

Dr. Patole Kiran  
Professor & HOD  
Department of OBGY

**Professor HOD**  
Department of Obst. & Gynecology  
M.V.P'S, Dr.V.P.Medical College,  
Adgaon, Nashik.



Remedial classes attendance

Name of student	15.10.2018	16.10.2018	17.10.2018
Aher Shubham Vishnu	P	A	P
Gupta Ayushi P.	A	P	P
Kakad Menka Pandurang	A	P	P
Kolhe Pooja Sunil	P	A	A
Dhawale Sharmistha	P	A	P
Bhushan Mane	A	P	P
Gaurav Patil	P	P	A
Jyoti Phadol	P	P	A
Pratik Sadgir	A	P	P
Vivek Kumar	P	A	P
Saloni Janvir	P	A	P
Priyanka Palve	A	P	P
Akash Gavit	A	P	P
Abdul Khan	P	A	P
Majmule Kishor	A	P	P
Saibal Kumar Malik	A	P	P

Dr. Patole Kiran

Professor & HOD

Department of OBGY

**Professor HOD**

Department of Obst. & Gynecology  
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VASANTDADA NAGAR, ADGAON NASHIK-422003  
DEPARTMENT OF OBSTETRICS & GYNECOLOGY

PG

Number of PG students availed remedial teaching programme

Sr. No	Year	PG Student
1	2014-2015	01
2	2015-2016	00
3	2016-2017	00
4	2017-2018	00
5	2018-2019	01

Dr. Kiran P. Patole  
Dept. of Obst. & Gynec  
Dr. VPMCH & RC, Nashik

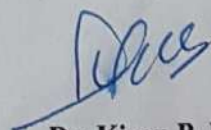


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**VASANTDADA NAGAR, ADGAON NASHIK-422003**  
**DEPARTMENT OF OBSTETRICS & GYNECOLOGY**

**Remedial Teaching Program Designed for PG Student**

Date	Lectures & Group Discussion	Time	Teacher
20.07.15	Theory Exam Preparation	4-5 pm	Dr. Kiran Patole
21.07.15	Practical Exam Preparation	4-5 pm	Dr. Nilima Gupte
22.07.15	Genital Malignancies	4-5 pm	Dr. Mansi Kathaley
23.07.15	Spot Exam preparation	4-5 pm	Dr. Ajit Patil
24.07.15	Ward Round preparation	4-5 pm	Dr. Mansi Kathaley

Date	Time	Name of Assessor
31.07.2015	4-5 pm	Dr. Kiran Patole
		Dr. Nilima Gupte
		Dr. Mansi Kathaley
		Dr. Ajit Patil



**Dr. Kiran P. Patole**  
**Dept. of Obst. & Gynec**  
**Dr. VPMCH & RC, Nashik**  
**Professor HOD**

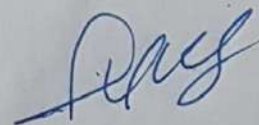
Department of Obst. & Gynecology  
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**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTER**  
**VASANTDADA NAGAR, ADGAON NASHIK-422003**  
**DEPARTMENT OF OBSTETRICS & GYNECOLOGY**

**Remedial Teaching Program Designed for PG Student**

Date	Lectures & Group Discussion	Time	Teacher
15.07.2019	Theory Exam Preparation	4-5 pm	Dr. Kiran Patole
16.07.2019	Practical Exam Preparation	4-5 pm	Dr. Nilima Gupte
17.07.2019	Genital Malignancies	4-5 pm	Dr. Mansi Kathaley
18.07.2019	Spot Exam preparation	4-5 pm	Dr. Ajit Patil
19.07.2019	Ward Round preparation	4-5 pm	Dr. Abhijeet Patil

Date	Time	Name of Assessor
29.07.2019	4-5 pm	Dr. Kiran Patole
		Dr. Nilima Gupte
		Dr. Mansi Kathaley
		Dr. Ajit Patil



**Dr. Kiran P. Patole**  
**Dept. of Obst. & Gynec**  
**Dr. VPMCH & RC, Nashik**  
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